

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39597

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>6210</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huggins, uptown</u>		c. LENGTH OF STAY at this place <u>37 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Huggins, uptown</u>		TOWN <u>2wp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>Henry</u> c. (Last) <u>Riebold</u>				4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>23</u> (Year) <u>1950</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 8 1868</u>		9. AGE (In years, months, days, hours, minutes) <u>82</u> <u>2</u> <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTH PLACE (State or foreign country) <u>Troy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Riebold</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wagley</u>		14. NAME OF HUSBAND OR WIFE <u>Hettie Riebold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Riebold, Huggins, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4:20:1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 19</u> , 19 <u>49</u> , to <u>Oct. 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 21</u> , 19 <u>50</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Bridges, M.D.</u>				23b. ADDRESS <u>Manassas, Mo.</u>		23c. DATE SIGNED <u>Oct. 30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dutch Chapel Embury, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Nov. 13-50</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Barber, Mtn View, Mo.</u>		ADDRESS	

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 20 1950

Dist. File 1150-2326

Date Filed 11/29/50

NOV 31 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.